

# MEDICAL & SCHOOL WORKSHEET - CHILD

This worksheet can help you to get ready for your disability interview, or to complete the Child Disability Report on the Internet. It lists some of the information that we will need about your child. You may want to write down some of this information in the spaces provided so that you will have it ready for your interview. We will not collect this worksheet.

A. The child's medical assistance number, if any. (For example, Medicaid.) \_\_\_\_\_

B. When his or her limitations began. (Month/Day/Year.) \_\_\_\_\_

C. The child's illnesses, injuries or conditions. \_\_\_\_\_  
\_\_\_\_\_

D. How they affect his or her activities. \_\_\_\_\_  
\_\_\_\_\_

E. Hospitals, clinics, doctors or therapists the child has seen in the past 12 months, and the approximate dates.

Name, Address, Phone & Patient ID Number(s)

Date(s)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Other agencies or programs that tested or examined the child, or that provided services (such as Head Start, Public or Community Health or Education Department, Child Welfare or Social Service Agency, WIC, Program for Children with Special Health Care Needs, Mental Health/Mental Retardation Center, or Vocational Rehabilitation).

Name, Address & Phone Number

Kind of Test

Date(s)

_____	_____	_____
_____	_____	_____
_____	_____	_____

G. Medicines the child takes and the name of the doctor who prescribed each one.

Name of Medicine

Prescribed By

_____	_____
_____	_____
_____	_____

**H.** All medical tests the child had or will have for his or her illnesses, injuries or conditions, when and where done or will be done, and who sent the child for the test. For example, hearing test, vision test, IQ testing, blood tests, breathing tests, x-rays.

<u>Name of Test</u>	<u>Date(s)</u>	<u>Where Done</u>	<u>Who Sent Child for Test</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I.** The child's current grade in school. \_\_\_\_\_

**J.** Schools or preschools the child is currently attending, and any other schools he or she attended in the last 12 months. Teachers' names.

<u>Name, Address &amp; Phone Number</u>	<u>Dates Attended</u>	<u>Teachers' Names</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**K.** School testing the child has had, such as tests for behavior or learning problems, when and for what school they were done.

<u>Name or Kind of Test</u>	<u>Date(s)</u>	<u>Name of School</u>
_____	_____	_____
_____	_____	_____

**L.** Name of special education teacher, if the child gets special education services.

\_\_\_\_\_

**M.** Name of speech therapist, if the child gets speech therapy.

\_\_\_\_\_

**N.** Employer names, addresses, phone numbers, and a description of the work if the child has worked. Any problems the child may have had doing the job.

<u>Name, Address &amp; Phone Number</u>	<u>Kind of Job</u>
_____	_____
_____	_____

Any problems in doing job. \_\_\_\_\_